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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400003903 (1)

CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION , INC.

Principal Place of Business 6251 PALM VISTA ST

Mailing Address



3. Date Incorporated or Qualified
Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scriptional processing of the color of the provisional processing of the color of the Status of Floyate, Suite of Floyate,
Section   Sect
28
Zup  Country  Zip  Country  Zip  Country  Zip  Country  Sit his corporation has liability for intangible tax under s. 199.032, Floridus Statutes  Floridus Statutes  Point Statutes  Floridus Statutes  Floridus Statutes  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  81 Name  REARN, JAMES J ESO  138 LIVE OAK AVE  DAYTONA BEACH FL 32114  83  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisione of Sections 617.0502 and 617.1508, Floridus Statutes, the abovernamed corporation submits this statement for the purpose of changing its registered agent, or body, in the State of Floridus Statutes be corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 617.0603, Floridus Statutes  SIGNATURE  Si
25   29   30   Florida Statutes   Yes   No
KEARN, JAMES J ESO  138 LIVE OAK AVE DAYTONA BEACH FL 32114  83  84 City  FL  85 Zip Code  11. Pursuant to the provisione of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above named or poration's board of directors. I hereby accept the appointment as registered agent, I am SIGNATURE  SIGNATURE  SIGNATURE  SUBMIC Street Addition  SIGNATURE  SUBMIC Street Addition  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DPST  JUSTICE, PAUL S  STREET ADDRESS  6251 PALM VISTA ST  PORT ORANGE FL 32124  14 City St-Zip  ITILE  D Change Addition  DELETE  21 TITLE  D Change Addition  Change Addition
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisione of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signally 1, type of purpose agent and their entry three agents and applicable.  DPST
11. Pursuant to the provisione of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Earn familiar with, and accept the obligations of, Section 617,0603, Florida Statutes.  SIGNATURE  Signature, byte-I or purted herite of registered agent and then apply able. Note Figure the Agent signature reports when residing!  12. OFFICERS AND DIRECTORS  13. ADDITIONS'CHANGE'S TO OFFICERS AND DIRECTORS IN 12. TITLE  DPST DELETE 11 TITLE  DPST DELETE 11 TITLE  SIGNATURE STREET ADDRESS  CITY-ST-ZIP  DORT ORANGE FL 32124  DELETE 21 TITLE  DESKINS, WILLIAM  DESKINS, WILLIAM  2 2 NAM:
SIGNATURE  Signation typed or period name of reachinest apply at the properties of the literate apply at the properties of the properties
12. OFFICERS AND DIRECTORS  13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPST DELETE 11 TITLE  12 NAM:  STREET ADDRESS  CITY-ST-ZIP PORT ORANGE FL 32124  TITLE D DESKINS, WILLIAM  13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  14 DITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  14 DELETE 11 TITLE  15 DELETE 11 TITLE  16 DESKINS, WILLIAM  22 NAM:
DPST
NAME         JUSTICE, PAUL S         12 NAM:           STREET ADDRESS         6251 PALM VISTA ST         13 STREET ADDRESS           CITY-ST-ZIP         PORT ORANGE FL 32124         14 CITY-ST-ZIP           TITLE         D         □DELETE         21 TITLE           NAME         DESKINS, WILLIAM         22 NAM:
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NAME HURT, JEFFREY K 32 NAM
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CITY-ST-ZIP PORT ORANGE FL 32124 34 CITY-S1-ZIP
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64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  74. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further code is that the information indicated as this country is indicated as the control of the co

ceruity mait the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trestee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrachmost with an address.

SIGNATURE:

SIGHA URE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

904.760-3312

Daybose Phone